

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Total Pages

UTILITY PATENT APPLICATION TRANSMITTAL

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: MARKUS HALLER ET AL.
 TITLE: IMPLANTABLE DRUG INFUSION DEVICE HAVING A FLOW REGULATOR

Assistant Commissioner for Patents
BOX PATENT APPLICATION
 Commissioner of Patents and Trademarks
 Washington, D.C. 20231

Via Courier

Sir:

We are transmitting herewith the attached:

X **Patent Application Transmittal**X **Specification:**

Total pages: 23 (including claims and abstract) :Spec. 14 sheets; Claims 8 sheets;
 Abstract 1 sheet

X **Drawings:**

Total sheets: 6
☐ formal ☒ informal

Combined Declaration and Power of Attorney:

- ☐ newly executed
 X ☒ copy from prior application
☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))
☐ Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*

Accompanying application parts:

- ☐ Notification of filing a
 X ☒ Assignment of the Invention to Medtronic, Inc.
☐ Information Disclosure Statement
 X ☒ Information Disclosure Statement of prior application
 X ☒ PTO Form 1449 of prior application
☐ Copies of IDS citations
 X ☒ Preliminary Amendment
☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.
 X ☒ Return Postcard

IF A CONTINUING APPLICATION:

- X ☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)
 of prior application No. 09/017,194.
- ☐ Amend the specification by inserting before the first line the sentence: This application is a ☐
 continuation ☐ division ☐ continuation in part of application number , filed
 .
- ☐ Cancel in this application original claims of the prior application before calculating the
 filing fee. (At least the original independent claim must be retained for filing purposes.)
- X ☒ The prior application is assigned of record to Medtronic, Inc.
- X ☒ The Power of Attorney in the prior application is to: Medtronic, Inc.

☐ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) _____, filed _____.

☐ Address all future correspondence to: Thomas F. Woods, Reg. No. 36,726
Medtronic, Inc., MS 301
7000 Central Avenue NE
Minneapolis, Minnesota 55432
phone: (612)514-3652

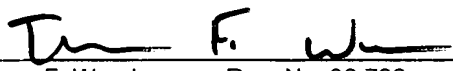
FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	03	20	= 0	x 18	\$
Independent Claims	01	03	= 0	x 78	\$
Multiple Dependent Claims				+ 270	
Basic Filing Fee					\$710
TOTAL					\$710

X Charge Deposit Account No. 13-2546 the sum of \$ 710.00 (Filing Fee) for a total of \$ 710.00.

X The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

Date

11-10-00


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